

patients often increase in weight. Sweating, as a rule, is not met with.

The differential diagnosis is often difficult, and the author relates that cases have not infrequently occurred in which a diagnosis of pulmonary consumption was made, but the patient nevertheless recovered. The condition may exist without material improvement for months, or even years.—*Bost. Med. and Surg. Jour.*

WOUND OF LUNG—RECOVERY.—On the morning of Nov. 2nd, I was called to see P. R., of Ballyneen, who was suffering from a stab inflicted with a penknife, some hours previously. On making a careful examination I discovered five wounds, four of them were insignificant, but the fifth penetrated deeply between the eighth and ninth ribs on the left side, leaving an opening from which a piece of lung, about three and a half inches long, was protruding. An attempt to reduce it failed, owing to the wound constricting the protruding portion; having therefore put on a piece of wet lint and a bandage over it, I allowed it to remain and slough of its own accord, which it did on the twenty-second day after the receipt of the injury. After the third or fourth day, I employed carbolic oil, owing to the fœtor of the discharge, and continued its use until the portion of lung had come away. Then the wound healed rapidly with zinc and carbolic ointment. On the twenty-fifth day after the injury, I allowed the patient to get up, and since then he has been able to return to his ordinary occupation, without any interference with the movements of the chest. All through there were no bad symptoms, the pulse never going above 100 beats in the minute, nor the temperature above 99° Fahr. This was remarkable, as the man used to drink freely; but in the treatment I kept him strictly low, refusing to allow him stimulants of any sort.—A. H. Hayes, *Brit. Med. Jour.*

IODOFORM IN COMPOUND FRACTURES.—Prof. Mosetig, of Vienna, while irrigating the wound with pure water, removes all clots and spicula of bone and coaptates the fractured ends, resecting them if necessary. After drying the wound, he throws a thin layer of iodoform into the medullary cavity by means of an insufflator. He then passes into the wound an emulsion of iodoform, for instance: R. Iodoform subtil. pulv.; glycerini, aa 20.00; aq., 10.00; g. tragacanth, 0.15. M. Exact. f. emulsio. This runs into all the little pockets of the wound.

The fragments are adjusted, metallic sutures being used when necessary; drainage tubes are introduced and the whole covered with a layer of iodoform gauze (50 per cent.) and this is covered with cotton. The first dressing can remain unmolested for three weeks or longer, unless fever occurs (the aseptic fever of the first day not in-

cluded). With the above dressing, Mosetig treated successfully, within the last two years, thirty-seven compound fractures without even having noticed continued septic symptoms.—*St. L. Med. and Surg. Jour.*

GASTROTOMY AND DILATATION OF THE ŒSOPHAGUS.—On October 24th last, Professor Loreta performed, in the surgical clinic of Bologna, a new and important operation—dilatation of the Œsophagus from the stomach. The patient was suffering from stricture at the lower third of the Œsophagus, produced by extensive cicatrization, the consequences of swallowing caustic potash. The site, nature, and degree of the stricture were such as to render useless any operation undertaken by the mouth. The patient was reduced to an extreme degree of emaciation, from the impossibility of taking sufficient nourishment. Gastrotomy was performed, and a passage secured for the introduction of the dilator into the stomach; it was then pushed up the Œsophagus, and the stricture thoroughly dilated. The operation only lasted half an hour, and was most successful; on the first day, the patient was able to swallow food easily. The incisions united by first intention; there were no signs of peritonitis; and, on the fourteenth day, the patient was well. The sound passed without difficulty, and, probably, its periodical employment will render the cure permanent. On November 4th, Professor Loreta also successfully performed dilatation of the pylorus, in a young woman aged 26.—*British Medical Journal.*

BROMIDE OF ARSENIC IN DIABETES.—Dr. Pekai, clinical assistant to Professor Karaonyi of Budapest, from a series of experiments with bromide of arsenic in diabetes, proves the remedy to be exceedingly satisfactory. He uses a solution prepared as follows:

R. Arsenious acid.

Carbonate of potash.

Bromine..... aa gr. jss.

Water..... q. s.

The arsenious acid and potash are placed in an eprouvette, five drops of water are added, and treated until the liquid is limpid. Then sufficient water is added to make two and a half drachms by weight, and then the bromine and the whole let stand for twenty-four hours before use.

The solution was administered by placing three drops in an ounce of water, of which three equal doses were made. The quantity being increased, an additional drop every three days until ten drops a day were administered.

REMEDY FOR BURNS.—During a recent visit to a patient in an adjoining town, I was hastily summoned to see a woman badly burned (while lighting a fire with coal oil) on the hands, arms, and